



RECEIVED

MAY 15 2006

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays

For Ecology Use

Fee Paid _____

Date _____

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name **Bill McMahan (Lewis County Water District #1)** Work Tel: **(360) 497-5366**
Mailing Address **158 State Route 131, PO Box 493**
City **Randle** State **WA** Zip **98377** FAX: **(360) 497-5366 (same as tel.)**

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name **Chris Pitre, Golder Associates, Inc.**
Mailing Address **18300 NE Union Hill Road, Suite 200** Work Tel: **(425) 883-0777 ext. 2122**
City **Redmond** State **WA** Zip+4 **98052+3333** FAX: **(425) 882-5498**
Relationship to applicant **Consultant**

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than **700 gallons per minute** from a **ground water** source for the purpose(s) of **municipal water supply**.

ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

The service area of the Lewis County Water District #1 (see attached Figure 2).

Estimate a maximum annual quantity to be used in acre-feet per year: **400 AF/yr**

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for 2 (two) well(s).		
Source flows into (name of body of water):						Size & depth of well(s): Up to 16-inches in diameter. Up to 200 feet in depth.		
LOCATION								
The point of withdrawal will be along the existing and planned extension of the main east-west oriented water transmission line (see Figure 1). The exact location will be determined upon the completion of a well siting study.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
For Ecology Use						Date Received: 5-15-06 Priority Date: 5-15-06		
SEPA: Exempt/Not Exempt						FERC License # _____ Dept. Of Health # _____		
Date Accepted As Complete: 10-15-06 By: SC						Date Returned: _____ By: _____ WRIA: 26		

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: **Lewis County Water District #1**

B. Briefly describe your proposed water system. (See instructions.)

The existing system consists of two wells, one 150,000-gallon storage tank, and an associated distribution system.

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO

One groundwater right leased from the US Forestry Service (Certificate Number 8 Page 3631-A)

One groundwater right owned by the White Pass School District No. 303 (Certificate Number 1011-AJ 11 Page 5393A)

No water rights are owned by Lewis County Water District #1

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

The comprehensive water system plan is currently being amended. This information will be provided when it is completed.

B. Are you within the area of an approved water system? ☒ YES ☐ NO

If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO

If yes, when was it approved? **November 2001, revised November 2003** Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☒ YES ☐ NO

If yes, when was it approved? **November 2001, revised November 2003** Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: **N/A**

B. List total number of acres for other specified agricultural uses:

Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:

‡ Acreage irrigated under water rights acquired after December 8, 1977;

‡ Acreage proposed to be irrigated under this application;

‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO

2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter permit no: _____

E. Farm uses:

Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)

Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

None, other than an above-ground 150,000-gallon storage tank.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From I-5 south from Lacey/Olympia, take the US-12 E exit 68 to Morton/Yakima/Mt. St. Helens. Turn left (east) at Avery Rd W / US-12 - go 49 miles to Randle.

Section 10. REQUIRED MAP

A. Attach a map of the project.

See attached Figures 1 and 2.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☐ YES ☐ NO
If no, submit a copy of agreement:

A well siting study is being conducted. Ownership of the land on which the well(s) will be located has not yet been determined.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

William R. McMahon
Applicant (or authorized representative)

May 11, 2006
Date

Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

SECTION 4: WATERS SOURCE.

Requested Point of Withdrawal
(all in Township 12 North, Range 7 East)

Section	¼ ¼ Equivalent
Section 8	SE ¼ of the SW ¼, S ½ of the SE ¼
Section 9	S ¼*
Section 10	S ¼*
Section 11	SW ¼ of the SW ¼
Section 14	NW ¼ of the NW ¼
Section 15	N ¼**
Section 16	N ¼**
Section 17	NE ¼ of the NW ¼, N ½ of the NE ¼

* S ¼ = (SW ¼ of the SW ¼), (SE ¼ of the SW ¼), (SW ¼ of the SE ¼) and (SE ¼ of the SE ¼)

** N ¼ = (NW ¼ of the NW ¼), (NE ¼ of the NW ¼), (NW ¼ of the NE ¼) and (NE ¼ of the NE ¼)

The requested point of withdrawal is expected to be more exactly defined when the well siting study is completed.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).